

Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Saturday, January 03, 2015 4:46 PM
To: Constantine Kolouas; Chris Aquino
Subject: 2015 Annual Report - WMATC No: 876, Carrier Name: Med-Trans-Inc.
Attachments: 54a863141fd04-ALL VANS FILE FOR WMATC 2014.xlsx

Washington Metropolitan Area Transit Commission 2015 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2015, must file a complete 2015 annual report and pay a \$150 annual fee on or before **February 2, 2015**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2015.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 876

Name of Carrier (as shown on certificate of authority): Med-Trans-Inc.

Trade Name:

Principal Place of Business

Street Address: 1317 orren st ne #4

Apt./Suite:

City: washington

State: DC

Zip: 20002

Mailing Address (if different from street address)

Street:

Zip:

E-mail: medtrans2964@gmail.com

Maryland PSC No.:

E-mail: medtrans2964@gmail.com

E-mail:

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below; **or** (2) upload a complete vehicle list to this form. Include **all** required information.

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheel Chair
	2006	FORD	1FBSS31L16HA62082	B45383	DC	15	No
	2006	FORD	1FBSS31L77DA51192	B45398	DC	15	No
	2006	FORD	1FBSS31L06HA58640	B49075	DC	15	No
	2006	FORD	1FBSS31L86DA87424	B44676	DC	15	No
	2006	FORD	1FBSS31L86HA58420	B42387	DC	15	No
	2006	FORD	1FBSS31L16DA87443	B44391	DC	15	No
	2006	FORD	1FBSS31L36HA58440	B46381	DC	15	No
	2006	FORD	1FBSS31L66DB40346	B46409	DC	15	No
	2006	FORD	1FBSS31L86DA87441	B46380	DC	15	No
	2006	FORD	1FBSS31L36DA87427	B46410	DC		No

***Your vehicle list was attached to your submission.**

7. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Name: LEMA ATAKELETE

Title: PRESEDENT

Date: 01/01/2015

VICHICLE ID NO	MAKE &MODEL	YEAR	CAPACITY	PLAT NO.	State REGISTERED	Wheel-CHAIR
1FBSS31L16HA62082	FORD-E-350	2006	15	B45383	DC	NO
1FBSS31L77DA51192	FORD-E-350	2007	15	B45398	DC	NO
1FBSS31L06HA58640	FORD-E-350	2006	15	B49075	DC	NO
1FBSS31L86DA87424	FORD-E-350	2006	15	B44676	DC	NO
1FBSS31L86HA58420	FORD-E-350	2006	15	B42387	DC	NO
1FBSS31L16DA87443	FORD-E-350	2006	15	B44391	DC	NO
1FBSS31L36HA58440	FORD-E-350	2006	15	B46381	DC	NO
1FBSS31L66DB40346	FORD-E-350	2006	15	B46409	DC	NO
1FBSS31L86DA87441	FORD-E-350	2006	15	B46380	DC	NO
1FBSS31L36DA87427	FORD-E-350	2006	15	B46410	DC	NO
1FBSS31L76HA53970	FORD-E-350	2006	15	B49091	DC	NO